

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 701933 RECEIPT DATE: 12 / 01 / 00  
IA NUMBER: PCT/ US98 / 17769 IA FILING DATE: 08 / 27 / 98  
FAMILY NAME: GROOMS DELAY WAIVED (Y/N): N  
GIVEN NAME: JAMIE M. DEMAND RECEIVED (Y/N): N  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 08 / 27 / 97  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: TB-1041A-US COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 4072280328  
FAX  
NAME: BENJEN & VAN DYKE  
STREET: 1630 HILLCREST STREET  
CITY: ORLANDO  
STATE/COUNTRY: FL ZIP: 32803  
EMAIL:  
APPLICATION TITLES:  
CORTICAL BONE CERVICAL SMITH-ROBINSON FUSION IMPLANT

TAB TO LAST POSITION,PUSH SEND